

UTAH VICTIM ASSISTANCE ACADEMY
WEBER STATE UNIVERSITY
JUNE 18-22, 2007
Participant Application

Applicant Information

Applicant Name: _____

Organization: _____

Street Address: _____
City Zip

Mailing Address: _____
City Zip

County or Counties Served: _____

Phone(s): _____ Crisis line(s): _____ Fax: _____

TTY: _____ E-mail: _____ Web Site: _____

Current position: _____ Staff or volunteer: _____

Education: _____ Degree: _____ Year: _____ Major: _____

Do you currently have access to a computer with a CD drive? _____

What word processing program do you use? WordPerfect or Microsoft Word? _____

How long have you been working in your position? _____



Work Experience

1. Please briefly state your motivation for attending the 2007 Utah Victim Assistance Academy and how your participation will benefit you, your organization, and your community.

2. Please briefly relate your work or volunteer experience over the last five years. Please briefly include additional pertinent information for the selection committee reviewing your application.

3. Is your position VOCA or VAWA funded? If so, please indicate which one_____

Supervisor and Applicant Commitments

Please complete, review, and include both your supervisor's signature and your signature as indicated.

Supervisor name: _____

Supervisor phone number and extension: _____

The Utah Victim Assistance Academy is a comprehensive curriculum requiring each attendee participate in 40 classroom hours of learning. Your signature below signifies your commitment to punctuality and attendance during the entire Utah Victim Assistance Academy.

Applicant signature and date: _____

The 2007 Utah Victim Assistance Academy is a comprehensive curriculum requiring each attendee participate in 40 classroom hours of learning. As the applicant's supervisor, I understand the attendance commitment. **I also understand that certificates of completion are only awarded to attendees participating in all 40 hours of training.**

Supervisor signature and date: _____

Please mail the original copy of your completed application form to:

Utah Victim Assistance Academy
Attention: Cacey Yeates
Office of Crime Victim Reparations
350 East 500 South Ste. 200
Salt Lake City, UT 84111

Additional questions?

Telephone: 801-297-2627
Email: cyeates@utah.gov
Fax: 801-533-4127

Application due date: May 31, 2007

Tuition Cost: \$300.00

Tuition must be submitted prior to the start of the Academy. State employees can pay with an IAT. Please wait until you receive a letter of acceptance before sending tuition payment.

The Utah Victim Assistance Academy will make accommodations to meet individual needs based upon disability. Please contact Cacey Yeates with specific needs.